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SEP 28 2010

ACTON BOARD OF HEALTH



ACTON BOARD OF HEALTH
APPLICATION for INITIAL HAZARDOUS MATERIALS PERMIT

Legal Name of Facility or Establishment: ACTON CLEANER
Site Address: 427 GREAT ROAD ACTON, MA
Mailing Address: SAME AS ABOVE
Business Telephone: 978-264-0047
Corporate Officers: ROSARIO JEON
Emergency Contact Person: ROSARIO JEON
Emergency Telephone (Day): 978-264-0047 Emergency Telephone (Night): 978-394-5727
Type of Business: DRY CLEANER

*Aquifer Location:

- ☐ Well protection [1]
☐ Recharge protection [2]
☒ Aquifer protection [3]
☐ Watershed protection [4]

*Watershed District:

- ☐ Fort Pond
☐ Nashoba Brook

*Maps available at Acton Health Department.

Type(s) of Permits Needed:

- ___ Remedial action following a discharge: [# 5 (discharge), # 6 (remediation)]
☒ Small or large scale generator (or > 100 kg/220 lbs/25 gal/mo: material or waste):
 [generator: # 3 (mat.); # 1 (waste) (lrg.), # 2 (waste) (sm.)] [user: # 4 (mat.), # 7 (waste)]
☒ Storage (> 25 gal or lb) > 24 hrs: [# 8, # 9 (mat.), # 12, # 13 (waste)]
___ Storage, use, generation of *extremely* hazardous material
___ Storage of hazardous material or waste *overnight in trucks*
___ Storage of prepackaged hazardous material (> 50 gal or lb): [# 10 (lrg.), # 11 (sm.)]
___ UST storage of flammable or combustible materials
___ Change in material stored
___ Removal of underground tank

Requirements: (Please ensure to include all required material before submission to Acton B.O.H)

- ☒ Complete Non-Waste and Waste Information (sections A and B)
☒ M.S.D.S. for all chemicals listed on application
☒ Emergency or contingency plan for an accidental spill
☒ Site plan of premises showing areas where chemicals are stored (including tanks and piping), distance to roads or other buildings, unique slopes, arrow indicating north, and location of safety equipment. (see section C)
☒ Copies of disposal manifests (or other documents) showing proper disposal measures of all chemicals listed.
☒ Evidence of date(s) of purchase for all storage systems
☒ Copies of all relevant documentation (permits and citations)
___ Certifying Endorsement

A. Hazardous Material (Non-Waste) Inventory Information

Complete the table below for all non-waste inventory. Use additional pages if necessary.

| Chemical/Common Name | Max. Qty (at any one time) | Container Size (single largest container) | Location(s) (see section C) |
|---------------------------------------|---|---|-----------------------------------|
| EXXON JF2000 SOLVENT | <u>55</u> gal. ____ lbs. ____ cu. ft. | <u>55</u> gal. ____ lbs. ____ cu. ft. | 10-A |
| APOG | <u>1</u> gal. ____ lbs. ____ cu. ft. | <u>1</u> gal. ____ lbs. ____ cu. ft. | J-3 |
| ALDCO Super TAN+STAIN REMOVER | <u>1</u> gal. ____ lbs. ____ cu. ft. | <u>1</u> gal. ____ lbs. ____ cu. ft. | J-4 |
| ALDCO RELEASE GREASE+STAIN REMOVER | <u>1</u> gal. ____ lbs. ____ cu. ft. | <u>1</u> gal. ____ lbs. ____ cu. ft. | J-3 |
| HYDRO CARBON WET PRO LAIDLAW | <u>1</u> gal. ____ lbs. ____ cu. ft. | <u>1</u> gal. ____ lbs. ____ cu. ft. | J-6 |
| ALDCO H.F Hydro Boot+Stain REMOVER | <u>1</u> gal. ____ lbs. ____ cu. ft. | <u>1</u> gal. ____ lbs. ____ cu. ft. | J-7 |

B. Hazardous Waste Inventory Information

(Hazardous Waste Generator Permit Application/Amendment)

Complete the table below for all waste inventory. Use additional pages if needed.

| Name of Hazardous Waste | Treatment/Disposal Method(s) (Definitions provided on bottom of page) | Max. Qty. (at any one time) | Annual Qty. Generated | Location(s) (see Section C) |
|-------------------------|---|--|--|-----------------------------------|
| SOLVENT WASTE | <input type="checkbox"/> Recycled on-site. <input type="checkbox"/> Treated on-site. <input checked="" type="checkbox"/> Shipped off-site for recycling/ treatment /disposal | <u>100</u> gal. ____ lbs. ____ cu. ft. | <u>100</u> gal. ____ lbs. ____ cu. ft. | 9-A 4- |
| SLUDGE WASTE | <input type="checkbox"/> Recycled on-site. <input type="checkbox"/> Treated on-site. <input checked="" type="checkbox"/> Shipped off-site for recycling/treatment/disposal | <u>25</u> gal. ____ lbs. ____ cu. ft. | <u>25</u> gal. ____ lbs. ____ cu. ft. | 9-B |
| FILTERS | <input type="checkbox"/> Recycled on-site. <input type="checkbox"/> Treated on-site. <input checked="" type="checkbox"/> Shipped off-site for recycling/treatment/disposal | <u>25</u> gal. ____ lbs. ____ cu. ft. | <u>25</u> gal. ____ lbs. ____ cu. ft. | 10-B |
| | <input type="checkbox"/> Recycled on-site. <input type="checkbox"/> Treated on-site. <input type="checkbox"/> Shipped off-site for recycling/treatment/disposal | ____ gal. ____ lbs. ____ cu. ft. | ____ gal. ____ lbs. ____ cu. ft. | |
| | <input type="checkbox"/> Recycled on-site. <input type="checkbox"/> Treated on-site. <input type="checkbox"/> Shipped off-site for recycling/treatment/disposal | ____ gal. ____ lbs. ____ cu. ft. | ____ gal. ____ lbs. ____ cu. ft. | |

C. Facility Site Plan/Storage Map

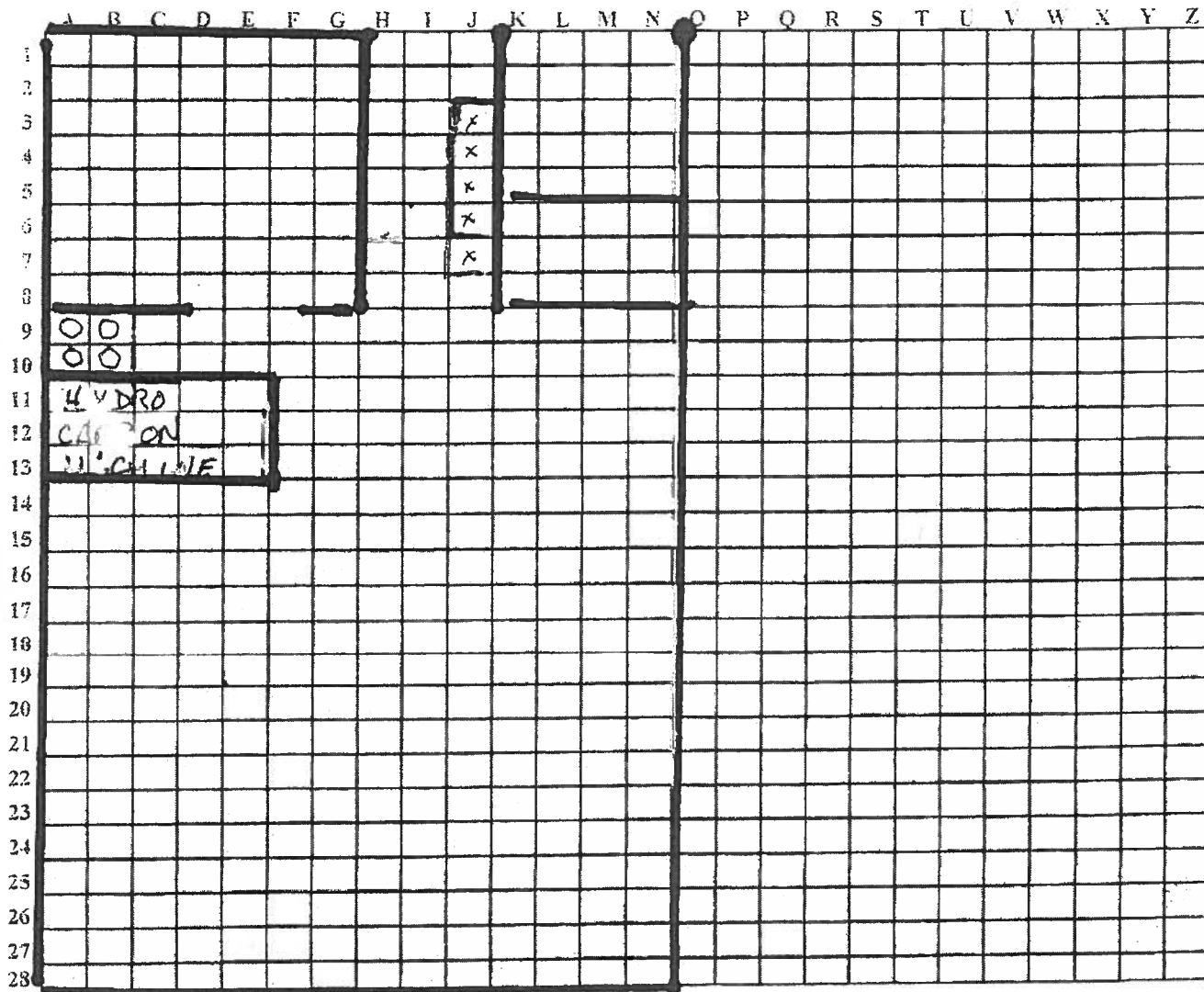
Prepare and submit with this Registration Form a simple site map which shows the following information:

- North direction • Street(s) adjacent to facility • Electrical, water, and gas shutoff valves
- Basic floor plan for each building containing hazardous materials/wastes which indicates building entrance(s) and hazardous material/waste storage locations (use grid locations or assign a code - A, B, C, etc. - to clearly identify each storage location for use in the above inventories).

Site Address: 427 GREAT ROAD

City: Acton, MA

Date Map Drawn: 9/22/2010



D. Endorsement

I declare that the above information is true and correct to the best of my knowledge. I agree to comply with all applicable regulations regarding storage, handling, and disposal of hazardous materials and hazardous wastes.

Rosalia Jean
Owner/Operator's Name (Print)

Rosalia Jean
Owner/Operator's Signature

9/22/10
Date

----- Do Not Complete below This Line -----

**TOWN OF ACTON
HAZARDOUS MATERIALS CONTROL BYLAW**

RECEIVED

SEP 17 2010

April 1, 2010

Acton Dry Cleaners
427 Great Road
Acton, MA 01720

Site Address

427 Great Road

Due \$295

Category 2, 4, 9, 12

ACTON BOARD OF HEALTH

Handwritten: Paid \$295 / \$570

HAZARDOUS MATERIALS CONTROL PERMIT RENEWAL APPLICATION

Categories

- | | |
|--|--|
| 1. Hazardous Waste Generator (\$65) | 2. Sm. Hazardous Waste Generator (\$45) |
| 3. Hazardous Materials Generator (\$65) | 4. Hazardous Materials User (\$45) |
| 5. Discharge Permit (\$140) | 6. Remediation Permit (\$140) |
| 7. Hazardous Waste User (\$65) | 8. Haz. Mat. Storer Large Industry (\$235) |
| 9. Haz. Mat. Storer Small Industry (\$160) | 10. Haz. Mat. Storer Large Retail (\$170) |
| 11. Haz. Mat. Storer Small Retail (\$140) | 12. Haz. Waste Storer Sm. Industry (\$45) |
| 13. Haz. Waste Storer Retail (\$45) | 14. Haz. Waste Storer Lge. Industry (\$65) |

Provide the following information under the authority of the General Laws of the Commonwealth of Massachusetts, Chapter 94, Section 305A, and Chapter 3, Section 5.

ESTABLISHMENT NAME:

Acton Cleaners & Tailors

ESTABLISHMENT ADDRESS:

427 Great Rd. Acton. MA 01720

ESTABLISHMENT TELEPHONE:

(978) 264-0049

OWNERS/CORPORATE OFFICERS:

Rosaria Jean & Buil Jean

ADDRESS:

384B Great Rd #104 Acton. MA 01720

TELEPHONE:

978-394-5727

ON-SITE MANAGER:

OPERATING SCHEDULE:

Maximum Potential Quantity of Materials: Gals/Lbs Stored 22 Gals **Used** 1 yr.

Maximum Potential Quantity of Wastes: Gals/Lbs Stored 60 Lbs **Used** 1 yr.

Pursuant to the General Laws of Massachusetts, Chapter 62C, Section 49A, I certify under the pains and penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

[Signature]
Signature of Owner/Applicant

S.S.I or F.I.N. Number

9/15/10
Date

Please remit to Acton Board of Health, 472 Main Street, Acton, MA 01720
No Later Than April 30, 2010

5/1/2010

Expires 5/1/11

Paid: \$295

**TOWN OF ACTON
PERMIT
HAZARDOUS MATERIALS CONTROL BYLAW**

Acton Dry Cleaners, 427 Great Road, Acton, MA 01720

Is hereby granted a permit to store and use Hazardous Materials at **427 Great Road** Acton, MA 01720. This permit is granted with the conditions as noted on the attached list of conditions assigned to your facility.

Permit Categories: 2, 4, 9, 12

*See below explanation of permit categories

HAZARDOUS MATERIALS CONTROL PERMIT CATEGORIES AND FEES

| <u>Category</u> | <u>Initial</u> | <u>Renewal</u> |
|--|----------------|----------------|
| 1. Large Hazardous Waste Generator | \$130 | \$55 |
| 2. Small Hazardous Waste Generator | \$50 | \$35 |
| 3. Hazardous Materials Generator | \$130 | \$55 |
| 4. Hazardous Materials User | \$50 | \$35 |
| 5. Remediation Discharge Permit | \$505 | \$115 |
| 6. Remediation Permit | \$505 | \$115 |
| 7. Hazardous Waste User | \$130 | \$55 |
| 8. Hazardous Materials Storer Large Industry | \$430 | \$195 |
| 9. Hazardous Materials Storer Small Industry | \$315 | \$130 |
| 10. Hazardous Materials Storer Large Retail | \$375 | \$140 |
| 11. Hazardous Materials Storer Small Retail | \$270 | \$115 |
| 12. Hazardous Waste Storer Large Industry | \$130 | \$55 |
| 13. Hazardous Waste Storer Small Industry | \$50 | \$35 |
| 14. Hazardous Waste Storer Retail | \$50 | \$35 |

HAZARDOUS MATERIALS CONTROL PERMIT

List of Conditions: Acton Dry Cleaners 427 Great Road Acton, MA 01720

Pursuant to the authority of Chapter I - Hazardous Materials Control Bylaw - of the Town of Acton's General Bylaws, the Board of Health has considered your application and plans submitted therewith, and has determined that the materials to be stored, used or generated, are within the scope of said bylaw. The Board of Health hereby orders that the following conditions are necessary and all storage, use or generation must be performed in strict conformance herewith:

1. All liquid Hazardous Materials and Wastes shall be stored in a containment area capable of containing 110% of the largest volume stored in the containment area.
2. All Materials Safety Data Sheets (MSDSs) for the Hazardous Materials shall be maintained on site. MSDSs shall be reviewed with employees at the time of their employment and on an annual basis thereafter. MSDS must be made available to all employees upon request.
3. A Contingency Plan, including emergency contact numbers (Telephone numbers of owner, operator, etc.) and a sketch showing clearly all Hazardous Material and Waste locations shall be submitted and updated annually, to the Board of Health, Fire Department, Police Department, and Civil Defense.
4. Emergency procedures and local Emergency Response Telephone Numbers (Health, Fire, Police, D.E.P., Civil Defense, etc.) should a spill occur, shall be posted in clear view of all employees where Hazardous Materials or Wastes are used or stored.
5. All Hazardous Wastes must be disposed of by a Licensed, D.E.P. approved, hauler or be recycled on site.
6. Copies of either all invoices or manifests for any Hazardous Materials or Wastes, received or disposed, shall be submitted to the Board of Health annually.
7. All Hazardous Materials Containers shall be labeled and dated when filling first began.
8. Speedy Dry, or its equivalent, shall be kept in the storage area, in case of a Hazardous Materials or Wastes spill.
10. All floor drains shall be sealed or discharged into a closed system, with the waste disposed of by a D.E.P. approved Hazardous Waste Hauler.
11. Protective equipment, including chemical resistant gloves, eye goggles and (rubber) boots, in addition to soap and water, shall be made available to all employees, at all times, in any Hazardous Materials or Waste storage or use area.
12. No Hazardous Materials or Wastes shall be discharged into a sink or toilet.
14. A fire extinguisher, containing an appropriate fire extinguishing agent, shall be placed in the Hazardous Materials Storage area.
15. No food or drink shall be stored or consumed in any area where Hazardous Materials are stored or used.

18. D.E.P. Generator Registration shall be provided annually upon renewal of the Hazardous Materials Storage Permit.
23. Directions written in two languages, English and a second language used by two or more employees (when applicable), shall be posted in clear view, listing emergency procedures.
25. Prior to any new chemical or processes being used, the Board of Health shall be notified.
26. The operation of this facility shall be in compliance with all present and future regulations of E.P.A. and D.E.P. at all times. Nothing in this permit allows or requires non-compliance with all present and future applicable laws or regulations of the Federal or State Governments.
- The Board of Health and the Fire Department shall be notified of any significant spill.